

1. National Uniform Billing Committee [NUBC]

- UB04.
 - UB04 Manual available June 1, 2005
 - Print specifications will be made available on the NUBC website: www.nubc.org
 - UB04 can be used as of March 1, 2007 and REQUIRED as of May 23, 2007

The UB-04 is scheduled to replace the UB-92 beginning with bills created on March 1, 2007 in accordance with the following transition:

- March 1, 2007 – Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the new UB-04 form and data set.
- March 1 to May 22, 2007 – Providers can use either the UB-04 or UB-92 forms/data set specifications.
- May 23, 2007 – The UB-92 is discontinued; only the UB-04 form and data set specifications should be used. All rebilling of claims must use the UB-04 from this date forward, even though earlier submissions may have been on the UB-92.

For information on obtaining full color proofs of the form for testing purposes, or a beta release of the corresponding data specifications manual, contact NUBC at www.nubc.org.

- UB04 Manual will be updated once a year, October. It will contain all data maintenance items for the year.

2. National Uniform Code Committee [NUCC]

The NUCC has drafted a 1500 Reference Instruction Manual detailing how to complete the form. The purpose of this manual is to help standardize nationally the manner in which the form is being completed. The instruction manual has been updated to Version 1.3 7/06 and is currently available at: www.nucc.org.

Transitioning to the Revised Form

The NUCC has made modifications to its recommended timeline for transitioning to the revised 1500 Claim Form. The timeline is now:

- **October 1, 2006:** Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the revised (08/05) 1500 Claim Form.
- **October 1, 2006 – March 31, 2007:** Providers can use either the current (12/90) version or the revised (08/05) version of the 1500 Claim Form.
- **April 1, 2007:** The current (12/90) version of the 1500 Claim Form is discontinued; only the revised (08/05) form is to be used. All rebilling of claims should use the revised (08/05) form from this date forward, even though earlier submissions may have been on the current (12/90) 1500 Claim Form.

The NUCC strongly recommends that providers contact their health plans and/or clearinghouses/ vendors prior to submitting a claim on the revised form to ensure that they are prepared to accept the revised form.

Documents related to the release of the revised version of the form, including a PDF of the form, Reference Instruction Manual, change log, transition timeline, and FAQs, are available at www.nucc.org.

For more information on the 1500 Claim Form, visit the NUCC website at www.nucc.org or contact Nancy Spector, NUCC Chair, at nancy.spector@ama-assn.org.

- ?? Has anyone done the analysis on the changes to the form and required changes to your systems and processes?

3. ADA – Dental Claim

Overview

The ADA Dental Claim Form provides a common format for reporting dental services to a patient's dental benefit plan. ADA policy promotes use and acceptance of the most current version of the ADA Dental Claim Form by dentists and payers.

The latest version of the dental claim form enables reporting of a National Provider Identifier (NPI), in addition to a current proprietary provider identifier, for both the Billing Dentist/Dental Entity and for the Treating Dentist. This version of the form becomes **valid for use on January 1, 2007**.

Three samples of the ADA Dental Claim Form are available for your review. Comprehensive form completion instructions are contained in the ADA publication titled "CDT-2007/2008."

<http://www.ada.org/prof/resources/topics/claimform.asp>

4. X12 Conference, January 28 – February 2, 2007

Claim Adjustment Reason Codes. Updates will be available soon [generally available as of the 1st of the month following the X12 meeting].

CMS Update:

- ICD10CM 0013-P. Replace ICD-9 and ICD-9CM with ICD-10 and ICD-10 CM. Has completed CMS clearance and moving on.
- 5010 Versions. OESS is ready to put into clearance process. They are already working on those previously sent [834, 837 D/I/P, 835, 278].
- GHI, Medicare Crossover claims in process on May 23, 2007. There has been some discussion of dropping these claims to paper in order to pass on to trading partners. Needless to say this has some folks concerned.
- Medicare will require NDCs on 1500 forms.
- October 1, 2007, hospitals are required to report Present On Admission Diagnosis Codes. X12 837 Workgroup will be working on a 4010A1 workaround in order to support this. [K3 segment will be used].

DRA Other Insurance Inquiry. Heads-Up Only.

- ? What transaction will be used? There are advocates for the 834 and the 271 Roster.
- Who will be required and when to verify?

837 Institutional.

- Nursing Home Issues
 - Admission Date
 - Admission Source
 - Admission Hour
 - Levels of care
 - Other issues?

Are you having difficulties with Nursing home claims? Are their elements missing that would be helpful in adjudication? Are there elements required on the transaction that need are not available?

Please get all issues and concerns to Mary Kay by May 25, 2007. This is PRIOR to the next X12 meeting and will allow me to follow-up with any questions if needed.

MaryKay.McDaniel@azahcccs.gov

[602] 417-4307

5. WEDI Real Time Adjudication Conference

Table 2 Real-time Acknowledgements

Transaction Set	Interchange	Functional Group/ Transaction Set Syntax/ IG Conformance	Pre-application Validation (companion documents)	Application Results
270	TA1(1)	999(2)	271*	271
271	TA1(1)	999(2)	N/A	N/A
276	TA1(1)	999(2)	277*	277
277 Response to 276	TA1(1)	999(2)	N/A	N/A
278	TA1(1)	999(2)	278*	278

- (1) Do not use with real-time transaction sets (that is, when the communication is held open) to report valid interchanges. Use only with real-time transaction sets when the transaction set contains errors.
- (2) Do not use with real-time transaction sets to report valid transaction set syntax within a GS/GE functional group or ST/SE transaction set. Use only with real-time transaction sets when the transaction set contains errors.

* The application results transaction set also may be used in the pre-application stage.

Table 3 Batch Acknowledgements

Transaction Set	Interchange	Functional Group/ Transaction Set Syntax/ IG Conformance	Pre-application Validation (companion documents)	Application Results
270	TA1	999	271*	271
271	TA1	999	N/A	N/A
275	TA1	999	824	835
276	TA1	999	277*	277
277 Response to 276	TA1	999	N/A	N/A
277 Request for Addl Info	TA1	999	824	275
277 Acknow	TA1	999	824	N/A
278	TA1	999	278*	278
820	TA1	999	824	N/A
834	TA1	999	824	N/A
835	TA1	999	824	N/A
837	TA1	999	277 Acknow	835

**The application results transaction set also may be used in the pre-application stage.*

6. NPI – National Provider Identifier

- CMS NPI Timelines:

The Centers for Medicare and Medicaid Services announces the following plans for transitioning to the National Provider Identifier (NPI) in the Fee-for Service Medicare Program:

Between May 23, 2005 and January 2, 2006, CMS claims processing systems will accept an existing legacy Medicare number and reject, as unprocessable, any claim that includes only an NPI.

Beginning January 3, 2006, and through October 1, 2006, CMS systems will accept an existing legacy Medicare number **or** an NPI as long as it is accompanied by an existing legacy Medicare number.

Beginning October 2, 2006, and through May 22, 2007, CMS systems will accept an existing legacy Medicare number **and/or** an NPI. This will allow for 6-7 months of provider testing before only an NPI will be accepted by the Medicare Program on May 23, 2007.

Beginning May 23, 2007, our systems will **only** accept an NPI.

For additional information, to complete an NPI application, and to access educational tools, visit <https://nppes.cms.hhs.gov> on the web.

- Enumeration Statistics for Arizona:

State	Individual	Organization	Total
AZ	25447	7060	32507

- Hot topics:

Taxonomy Codes. Who will require, which one will be required by a payer

Provider Site/location codes

Referring Providers. Diagnostic Labs are leading the concern

Organizations as Billing Providers on 837 Transactions. Are you prepared for one NPI to bill using two different form types?

Continuation of the Dual Use Period.

Testing. How, when, end-to-end or other, how to staff?

Provider Reimbursement

Prescribing provider on the NCPDP transactions

Sole Practitioners

7. NCVHS NPI Hearings

Tentative Agenda follows the Initial letter to DHHS on the state of the industry regarding the NPI.

Or

<http://www.ncvhs.hhs.gov/>



Public meetings of the NCVHS are broadcast live on the Internet.

- To listen to an audio broadcast, you need Real Player software, which is available free from the [Real Networks \(Real.com\)](http://RealNetworks.com) website.
- [Links to live broadcasts](#) are available from the NCVHS website during the meeting.
- Recordings of previous broadcasts are available from the [VA Virtual Conference Archive](#).

CMS Announcement at X12 – January 31, 2007

As a result of the public hearings hosted by the Standards Subworkgroup of the NCVHS, there will be a full committee meeting on February 14 & 15. The preliminary results are:

- Some relaxation is needed on the May 23 deadline, but no slacking off. The industry is concerned about future mandates and the ability to meet stated timelines, specifically the ICD-10.
- End-to-End testing is critical to the success of the NPI implementation.

Therefore,

- There should be a relaxation of the May 23 deadline, this period should be extended until 6 months AFTER NPPES data is available to the industry at large. "DHHS should not be prescriptive about details of this contingency." [not sure what that means exactly, but it is a direct quote from what they believe to be the language that will be in the letter of recommendation to the Secretary.]

- because there is not a data dissemination policy and NPPES data available to the public, the industry faces serious issues - especially in the area of referring providers on claims AND the prescribing provider on NCPDP transactions.

- providers should be encouraged to get their NPIs as soon as possible and begin end-to-end testing
- DHHS needs to increase their level of provider outreach

The full committee will review and then vote on the recommendation on the 15th. There will be a national conference call to discuss the findings - date to be determined.

Hearing can be listened to in its entirety at the NCVHS website.

They are expecting to have materials available early next week - expect notice from CMS.

Following: WEDI Testimony at the NCVHS Hearings, January 24, 2007



Statement To
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS
SUBCOMMITTEE ON STANDARDS, AND SECURITY

January 24, 2007

Presented By: Patrice Kuppe
Director Administrative Simplification – Allina Health System
WEDI Board Member

Chairmen and members of the sub-committee, I am Patrice Kuppe, Director Administrative Simplification – Allina Health System (a large provider), and serve on the WEDI Board of Directors. My responsibility for Allina is to implement HIPAA regulations and other process improvement for our clinics, hospitals, pharmacies, labs and other allied health organizations to achieve administrative savings.

I would like to thank you for the opportunity to present testimony on behalf of WEDI concerning findings from our industry wide National Provider ID (NPI) Readiness Assessment survey conducted in October, and to present recommendations for NPI contingency.

On two previous occasions, WEDI has made advisements on what needs to occur so that the industry can meet the compliance deadline without impacting the health care industry including, patients, providers, and health plans.

I am glad to say that we have seen an increase in the number of individual and organization providers that have obtained NPIs, but I am also sorry to say that the industry will still not be ready to meet the May 23, 2007 deadline. Even though many providers have their NPI, they are still in the process of communicating these to the health plans, or waiting for their billing system vendors, clearinghouses, and/or health plans to indicate they are ready to begin testing with NPI.

WEDI's recent discussions with over 200 healthcare industry experts, indicates that the industry is still in the very early stages of implementation. The lack of a published NPI Dissemination Notice and procedures, and the inability to access information in NPES, has severely slowed the industry's progress.

The industry as a whole has also underestimated the complexity and level of work required to implement this national standard. We are undoing years of identifier assignment that are built around provider and health plan contracts, or around system

programming logic. We are changing and sometimes increasing the burden on provider enrollment, as is the case for Medicare which now requires the actual NPPES Notice to be attached to enrollment forms.

We presented our May survey findings at your last meeting, and now would like to share survey results from our NPI readiness survey conducted in October 2006. The survey results indicate that the health care industry is not currently positioned to meet the May 23, 2007 compliance date. It is important to note that these statistics are coming from some of the most informed providers, vendors, clearinghouses, and payers in the nation. We believe if these organizations are behind in their plans, then the rest of the industry may be even further behind. I would like to also explain that since we did not perform this as a blind survey, we may have some organizations answering that they will be ready, even when they are not going to be.

Some of the important findings of our survey:

- Only 50% of providers have their Type 1 NPIs (individual), and only 39% have their Type 2 NPIs (organization).
- Over 50% of provider respondents indicated they will not be ready to use NPI on claims and remittances until after April 1, 2007.
- 65% of the payers will not be ready to use NPI on claims and remittances until after April 2007. Testing is important in order to validate that providers will be paid the same on the NPI as they are on legacy today.
- As of October 31st, 75% of billing system vendors are not ready for the NPI, which means providers do not have the software available to start the testing and implementation process.
- Approximately 20% of clearinghouses will not be ready to process with NPI by March 31, 2007. In addition, 59% of clearinghouses indicated they will need anywhere from 6 months to 20 months for trading partner migration activities.

It is important to note that these findings are about just two transactions; the claim and remittance advice. What we don't know is what the impact will be if we have to stop using these due to non-compliance. There are many health care organizations that have implemented other HIPAA transactions such as eligibility, and claim status and these transactions are just as important to administrative data flow as the claim. If we have to turn these off, we will lose all the savings we may have gained from their implementation.

A common issue affecting both providers and health plans is the lack of the data dissemination system. Without an easy look-up tool, providers who are ready with their own NPIs are still at risk that they will not be able to create a compliant claim. This is because many providers do not have an understanding about how, and to whom, they should share an NPI. Without an online lookup as we had for UPINs, providers are not able to share NPIs in an effective manner.

Example: A hospital receives a call from a clinic referring a patient for lab work. The hospital's scheduler informs the clinic that they need the referring provider's NPI. The clinic does not know what the hospital is asking for. In past processes, the hospital would ask for UPIN. If unknown, the hospital would look it up on the UPIN website. Under this scenario, a claim can not be submitted without the referring provider's NPI.

Labs and pharmacies are facing a similar problem, but are even more removed since the patient and/or provider are not part of the business flow at all.

Example: A pharmacy is required to submit the NPI of a prescriber. However, without a formal business relationship with prescribers, providers are unaware of the pharmacy need for NPIs, and pharmacies are having difficulties obtaining NPIs from physician offices.

The absence of a data dissemination system consumes valuable resources in NPI implementation. Providers and health plans have had to focus their efforts on collection of NPIs among each other since there is no dissemination system available.

One of the recommendations put forth by WEDI in a letter to HHS, based on information gathered at an NPI hearing sponsored by WEDI in April 2006, stated that we needed to have CMS issue the NPI Dissemination Notice and have in operation a dissemination system by June 15, 2006. This date was agreed upon by the participants in the hearing as to the latest date dissemination should be made available so as to not impact the successful implementation of NPI. As of today, we still do not have a dissemination notice. We believe that this delay has caused us to change the recommendation we brought forward to you last time. That recommendation stated that we needed a contingency period of 6 months from the deadline, where transactions would be required, to have the NPI but could continue with the legacy ID (dual use).

WEDI recommends that HHS should establish a contingency plan to allow the use of legacy identifiers, in addition to the NPI, for 12 months after the industry has access to NPPES data.

We thought long and hard about how much time the industry might need, and we based this on studies that we conducted back in 2004 when the industry put together an outline on what steps needed to happen for a successful implementation. We still believe this new deadline will be a challenge since it is 12 months shorter than what we believed was necessary in 2004. We believe 12 months is the minimum to avoid payment disruptions.

The contingency is necessary because we have major milestones left to implement:

- The industry needs access to NPPES data, and have a clear understanding of the process and policy for dissemination:
 1. 15-30 days to read and understand policy
 2. 5-30 days to communicate the rules to all affected business areas
- The industry must be able to access and use the data from NPPES:

1. 60-90 days to download large files and to create cross walks
 2. 1-30 days to train front end process personnel on how to access
 3. 90 - 180 days to test internally, and to test and implement with trading partners (testing includes all transactions, EDI and web/IVR methods, and includes testing for technical and revenue compliance).
- Extensive time is required for end-to-end testing between business partners. Up to twelve (12) months will be required for second tier connection testing (e.g. Clearinghouses must test and implement with all health plans – testing includes technical compliance and routing to appropriate trading partners.) There is some overlap to trading partner testing identified above, but the number of entities involved in this phase is significant and will require additional time.
 - Finally, A significant number of health plans, clearinghouses and large providers will not have adequate time to complete their NPI crosswalk population and validation along with testing their claims adjudication and remittance systems by May 23, 2007. This is due in principle that the NPI implementation process involves a ‘trickle-down’ effect, resulting in a significant number of activities being done in a compressed time period. As an industry, the following key activities are all behind schedule and must be completed before adequate trading partner testing between providers and payers can be accomplished:
 1. Providers must acquire their NPI through the enumeration process
 2. Vendors must deliver a fully functional NPI solution to their healthcare clients
 3. Data dissemination procedures must be available to healthcare organizations
 4. Implementation of the new paper claims forms which accommodate NPI requirements must be done in conjunction with electronic claims processing capabilities.

In conclusion, WEDI acknowledges that there are many details and questions that will need to be addressed as part of this recommendation. However, WEDI is willing and able to leverage its knowledge, industry expertise and resources to work in partnership with CMS to address the challenges, and to insure a smooth transition to NPI for the industry.

Thank you for your thoughtful consideration of these comments.